

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/830400

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5	1					
6		1				
7	1					
8		1				
9	1					
10		1				
11		4				
12		2				
13		4				
14		4				
15		4				
16	1					
17		1				
18	1					
19		1				
20	1					
21	1					
22	1					
23		1				
24		1				
25		1				
26		1				
27		1				
28	1					
29		1				
30		1				
31		1				
32	1					
33		1				
34	1					
35		1				
36	1					
37		1				
38		4				
39		2				
40		4				
41		4				
42	1					
43		1				
44	1					
45	1					
46	1					
47						
48						
49						
50						
TOTAL IND.	17					
TOTAL DEP.	52					
TOTAL CLAIMS	69					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
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58						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS